

## Dental and Vision Plan Premiums Effective January 1, 2004

| <u>Carrier/Address</u>                     | <u>Group #</u>                      | <u>Deduction Codes</u> | <u>Monthly Premium</u> |                |                |
|--|-------------------------------------|------------------------|------------------------|----------------|----------------|
|  |                                     |                        | <u>1 Party</u>         | <u>2 Party</u> | <u>3 Party</u> |
| <u><i>State-Sponsored Dental Plans</i></u> |                                     |                        |                        |                |                |
| Delta Dental                               | 9949-Excluded (DeltaPremier)        | 351-008                | \$47.31                | \$94.03        | \$132.27       |
| P.O. Box 7736                              | 9949-Represented (DeltaPremier)     | 351-007                | \$45.45*               | \$79.98*       | \$115.99*      |
| San Francisco, CA 94120                    | 9946-Excluded and Represented (DPO) | 351-018                | \$39.89**              | \$78.17**      | \$117.94**     |
| <b>1-800-225-3368</b>                      |                                     |                        |                        |                |                |
| Health Net Dental, Inc.                    | 901690-Standard                     | 351-012                | \$15.38                | \$24.95        | \$35.04        |
| P.O. Box 57074                             | 903042-Enhanced                     | 351-014                | \$14.00                | \$23.70        | \$29.19        |
| Irvine, CA 92619-7074                      |                                     |                        |                        |                |                |
| <b>1-800-926-7828</b>                      |                                     |                        |                        |                |                |
| PMI – DeltaCare                            | 00171                               | 351-009                | \$16.21                | \$26.60        | \$36.80        |
| 12898 Towne Center Drive                   |                                     |                        |                        |                |                |
| Cerritos, CA 90703                         |                                     |                        |                        |                |                |
| <b>1-800-422-4234</b>                      |                                     |                        |                        |                |                |
| Safeguard Health Plans                     | 4407                                | 351-016                | \$13.29                | \$21.49        | \$29.57        |
| 95 Enterprise                              |                                     |                        |                        |                |                |
| Aliso Viejo, CA 92656                      |                                     |                        |                        |                |                |
| <b>1-800-880-1800</b>                      |                                     |                        |                        |                |                |
| <u><i>Union Sponsored Dental Plans</i></u> |                                     |                        |                        |                |                |
| CAHP/Blue Cross (RO5)                      | 336817-A                            | 351-013                | \$42.09***             | \$73.98***     | \$107.99***    |
| CCPOA/Primary Dental (R06)                 | Fee-For-Service                     | 351-006                | \$69.33****            | \$69.33****    | \$69.33****    |
| CCPOA/Western Dental (RO6)                 | Prepaid                             | 351-249                | \$69.33****            | \$69.33****    | \$69.33****    |
| <u><i>State-Sponsored Vision Plan</i></u>  |                                     |                        |                        |                |                |
| Vision Service Plan                        | 12020000                            | 475-001-Non CoBen      | \$8.10                 | \$8.10         | \$8.10         |
| 3333 Quality Drive                         |                                     | 475-002-CoBen          |                        |                |                |
| Rancho Cordova, CA 95670                   |                                     |                        |                        |                |                |
| <b>1-800-622-7444</b>                      |                                     |                        |                        |                |                |

\*Employee Share: \$11.36/\$20.00/\$29.00

\*\*Employee Share: \$9.97/\$19.54/\$29.49

\*\*\*CAHP Employee Share: \$8.00/\$14.00/\$21.00 (w/subsidy)

\*\*\*\*CCPOA Employee Share \$25.00

(RO5 Employees' share for the Delta Dental Premier Plan is \$16.06/\$28.60/\$41.38 and \$10.50/\$26.79/\$43.33 for the DPO plan)

(Under CoBen the total premium is deducted from the benefit allowance)

(The dental/vision premiums above do not include the administrative fee of \$1.11/mo.)

## COBRA Group Continuation Rates: Monthly Premiums Effective January 1, 2004

| <u>Carrier/Address</u>  | <u>Plan Type</u> | <u>Covered Persons</u>                                       | <u>1 Party</u> | <u>2 Party</u> | <u>3 Party</u> |
|---|------------------|--|----------------|----------------|----------------|
| Delta Dental<br><b>Mail STD. 692 to:</b><br>Wolfpack Insurance Services, Inc.<br>P.O. Box 833<br>Belmont, CA 94002-0833<br>1-800-296-0192 | Enhanced         | Excluded employees and their eligible dependents             | \$48.25        | \$95.91        | \$134.91       |
|   | Basic            | Represented employees  | \$46.36        | \$81.58        | \$118.31       |
|   | Basic            | Eligible dependents of Represented employees                 | \$39.69        | \$59.74        | \$78.30        |
|   | DPO              | Excluded and Represented employees and their dependents      | \$40.69        | \$79.73        | \$120.30       |
| Health Net Dental, Inc.<br>P.O. Box 57074<br>Irvine, CA 92169-7074<br>1-800-926-7828  | Standard         | Represented employees and their eligible dependents          | \$15.69        | \$25.45        | \$35.74        |
|   | Enhanced         | Excluded employees and their eligible dependents             | \$14.28        | \$24.17        | \$29.77        |
| PMI - DeltaCare<br>12898 Towne Center Drive<br>Cerritos, CA 90703<br>1-800-422-4234   | Basic            | Excluded/Represented employees and their eligible dependents | \$16.53        | \$27.13        | \$37.53        |
| Safeguard Health Plans<br>95 Enterprise<br>Aliso Viejo, CA 92656<br>1-800-880-1800  | Basic            | Excluded/Represented employees and their eligible dependents | \$13.56        | \$21.92        | \$30.16        |
| Vision Service Plan<br>P.O. Box 997100<br>COBRA UNIT<br>Sacramento, CA. 95899-7100<br>1-800-852-7600 Ext: 4636                            | Basic            | Excluded/Represented employees and their eligible dependents | \$8.93         | \$8.93         | \$8.93         |

Refer to the Benefits Administration Manual (BAM) COBRA Section 400 for complete instructions on the completion and submission of COBRA documents.  
These premium rates are 102% of current gross premiums, minus the \$1.11/mo. administrative fee.